

**Special Care Oral Health
Services:
A North Carolina Commitment**
Report of The Special Care Dentistry Advisory Group

Presented to
The North Carolina Public Health Study Commission

Dr. Rebecca King
Dr. Kevin Buchholtz

March 11, 2010

Session Law 2009-100

Directed the NC DHHS, Division of Public Health, in collaboration with the Division of Medical Assistance, the Division of Aging and Adult Services, the UNC-CH and the ECU Schools of Dentistry, the NC Dental Society and providers of special care dentistry services, to examine the current dental care options for populations requiring special care dentistry and provide suggestions for ways to improve the availability of services to those needing such dental services.

Meet the Special Care Family



Patients with Special Health Care Needs

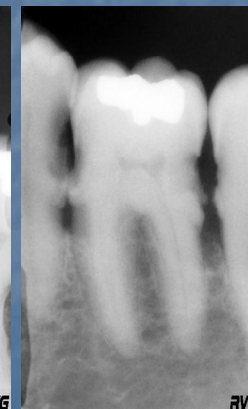
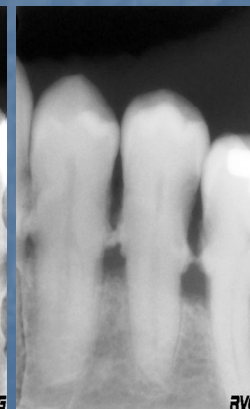
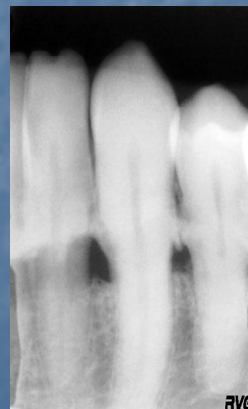
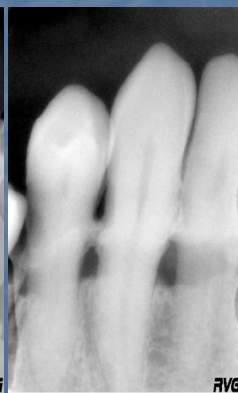
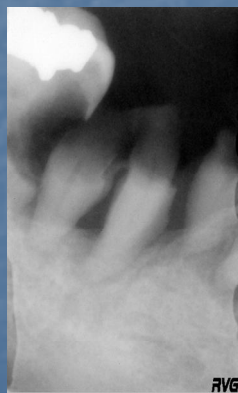
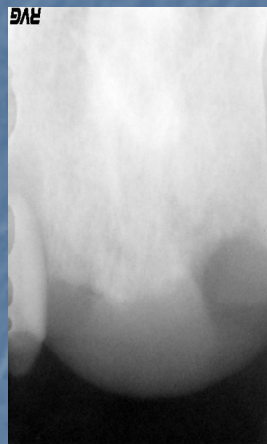
- Persons with intellectual or developmental disabilities
- The frail elderly
- Those with multiple complex medical diagnoses
- All ages
- Variety of settings

The Most Vulnerable Population in North
Carolina

~ 370,000-450,000



This is What Happens When You Don't Receive Dental Care.



Recommendations Requiring Funding

- Statewide coordinator of services (#1)
- Educational programs for dental personnel (#7)
- Division of Medical Assistance "Facility Code" reimbursement (#11)
- Fund 4 additional mobile programs (#14)
- Expand dental programs at state psychiatric hospitals, developmental and neuro-medical centers (#15)

Recommendation #1

- *Create a dental program position that is responsible for implementing the recommendations in this report*
 - A person with dental expertise, located in the Division of Public Health, Division of Aging or Council on Developmental Disabilities would provide long-term program leadership and would work to improve the oral health of North Carolinians with special health care needs

Recommendation #7

- *UNC-CH & ECU Schools of Dentistry, AHEC and Community Colleges that offer dental continuing education should intensify CE efforts for providers interested in treating patients with special needs, but lack the necessary training. Training should include principles of Universal Design.*

Recommendation #11

- *The Division of Medical Assistance should explore revising the policy limits on the facility code (CDT code 9410) to allow providers to bill for each patient seen on a given day in a nursing home, group home or other long-term care facility.*

Recommendation #14

- *Fund 4 additional mobile dental programs to provide care for residents in long-term care facilities.*
 - *Phase in, 1 per year*

Recommendation #15

- *Maintain and expand existing dental departments in psychiatric hospitals and developmental and neuro-medical centers that provide care to NC's most vulnerable populations.*

Recommendations Not Requiring Funding

- Enhance daily oral health care in skilled nursing facilities (#2)
- Dentist representative on Commission on Children with Special Health Care Needs (#3)

Recommendation #2

- *Partner with DHHS Division of Health Service Regulation to ensure that oral health service standards in nursing homes and other residential facilities are carried out. Enhance dental care services to residents, such as increasing staff devoted to daily oral care and expanding training of direct care personnel.*

Recommendation #3

- *Dentist representative on Commission on Children with Special Health Care Needs.*
 - NC Commission on Children with Special Health Care Needs is an 8 member Governor appointed Commission. Commission monitors and evaluates the availability and provision of health services.

Thank You

- North Carolina Public Health Study Commission and North Carolina Study Commission on Aging
- Study group participants
- Supportive organizations